



REQUESTS FOR AMBULANCE REDIRECTION AND HOSPITAL DIVERSION (*San Bernardino County Only*)

I. PURPOSE

To define policy and procedures for hospitals to request temporary redirection of advanced life support (ALS) ambulances.

II. POLICY

- Ambulance redirection based on hospital capacity, census or staffing is not permitted in the ICEMA region and will only be permitted as outlined in this policy.
- This policy applies to the 9-1-1 emergency system as a temporary measure and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.
- If a hospital meets internal disaster criteria, Trauma Center Diversion or any other specialty care centers with unique circumstances, immediate telephone notification must be made to the ICEMA Duty Officer by an administrative staff member who has the authority to determine that criteria has been met for redirection or diversion.
- Hospitals must notify EMS dispatch centers immediately via ReddiNet or available communication modalities.
- Hospitals must maintain a hospital redirection policy that conforms with this policy. The hospital policy shall include plans to educate all appropriate staff on proper utilization of redirection..
- Receiving hospitals cannot redirect an incoming ambulance and diversion/redirection is only permitted as outlined in this policy.
- Within 72 hours of an incident, the hospital must provide ICEMA with a written after action report indicating the reasons for internal disaster, plans activated, adverse patient consequences and the corrective actions taken. The report must be signed by the CEO or designated responsible individual.
- ICEMA may perform unannounced site visits to hospitals on temporary redirection status to ensure compliance with the request for ambulance redirection.
- ICEMA may randomly audit base hospital records to ensure redirected ambulance patients are transported to the appropriate destination.

- ICEMA staff may contact the hospital to determine the reasons for ambulance redirection, under this policy.
- ICEMA may remove any hospital from redirection status using ReddiNet if it is determined that the request is not consistent with this policy.

III. PROCEDURE

A request for redirection of ALS ambulances may be made for the following approved categories:

- CT Redirection (for Non-Specialty Care Centers)
 - When Non-Specialty Care Centers experience CT scanner failure, the hospital can go on ambulance redirection using the ReddiNet system for EMS patients who may require CT imaging.
- Trauma Center Diversion (for use by designated Trauma Centers only)
 - The on duty trauma surgeon must be involved in the decisions regarding any request for trauma diversion.
 - The trauma team and trauma surgeon (both first and second call) and are fully committed to the care of trauma patients in the operating room and are NOT immediately available for any additional incoming patients meeting approved trauma triage criteria.
 - All operating rooms are occupied with critically injured patients that meet trauma triage criteria.
 - All CT Scanners are inoperable due to scanner failure at a designated Trauma Center.
 - Internal disaster.

NOTE: Diversion is canceled when all designated Trauma Centers are on Trauma Center Diversion.

- **Internal Disaster Diversion**
 - Requests for Internal Disaster Diversion shall apply only to physical plant breakdown affecting the Emergency Department or significant patient services.

NOTE: Examples of Internal Disaster Diversion include bomb threats, explosions, power outage and a nonfunctional generator, fire,

earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.

- Internal Disaster Diversion shall not be used for hospital capacity or staffing issues.
- Internal Disaster Diversion will stop all 9-1-1 transports into the facility.
- The hospital CEO or AOD shall be notified and notification documented in ReddiNet.
- If the hospital is a designated base hospital, the hospital should consider immediate transfer of responsibility for on-line direction to another base hospital. Notification must be made to the EMS provider.
- The affected hospital shall enter Internal Disaster Diversion status into ReddiNet immediately.

IV. EXCEPTIONS TO CT AND TRAUMA DIVERSION ONLY

- Basic life support (BLS) ambulances shall not be diverted.
- Ambulances on hospital property shall not be diverted.
- With the exception of Internal Disaster Diversion involving significant plant failure, patients exhibiting unmanageable problems (i.e., difficult to manage airway, uncontrolled hemorrhage, cardiopulmonary arrest) in the field, shall be transported to the closest emergency department.

V. REFERENCES

<u>Number</u>	<u>Name</u>
6100	Stroke Critical Care System Designation (San Bernardino County Only)
15030	Trauma Triage Criteria and Destination Policy